

# Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

The purpose of this document is to provide agencies and vendors an easy way to update their forms and/or software to accommodate these changes.

The following is a generic description of those changes:

1. Some changes in format.
2. Changes in response options, for example, a few responses have been added or dropped.
3. One item - M0170 – has been modified significantly and renumbered as M0175.
4. One new item has been added – M0825.
5. Some items have been added to additional timepoints.

<b>OASIS-B1: <u>Items to be Used at Specific Time Points</u></b>		<b>OASIS B1 8/2000: <u>Items to be Used at Specific Time Points</u></b>	
<b><u>Start or Resumption of Care</u></b>	M01010-M0820	<b><u>Start or Resumption of Care</u></b>	M0010-M0825
Start of care-further visits planned		Start of care-further visits planned	
Start of care-no further visits planned		Start of care-no further visits planned	
Resumption of care (after inpatient stay)		Resumption of care (after inpatient stay)	
<b><u>Follow-Up</u></b>	M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0840	<b><u>Follow-Up</u></b>	M0010-M0100, M0150, M0175, M0200-M0250, M0280-M0390, M0410-M0840
Recertification (follow-up) reassessment		Recertification (follow-up) reassessment	
Other follow-up		Other follow-up	
<b><u>Transfer to an Inpatient Facility</u></b>	M0010-M0100, M0830-M0855, M0890-M0906	<b><u>Transfer to an Inpatient Facility</u></b>	M0010-M0100, M0150, M0830-M0855, M0890-M0906
Transferred to an inpatient facility-patient not discharged from agency		Transferred to an inpatient facility-patient not discharged from agency	
Transferred to an inpatient facility-patient discharged from agency		Transferred to an inpatient facility-patient discharged from agency	
<b><u>Discharge from Agency – Not to an Inpatient Facility</u></b>		<b><u>Discharge from Agency – Not to an Inpatient Facility</u></b>	
Death at home	M0010-M0100, M0906	Death at home	M0010-M0100, M0150, M0906
Discharge from agency	M0010-M0100, M0150-M0200, M0220, M0250, M0280-M0380, M0410-M0880, M0903-M0906	Discharge from agency	M0010-M0100, M0150, M0200-M0220, M0250, M0280-M0380, M0410-M0820, M0830-M0880, M0903-M0906
Discharge from agency – no visits completed after start/resumption of care assessment	M0010-M0100, M0906	Discharge from agency – no visits completed after start/resumption of care assessment	M0010-M0100, M0150, M0906

# Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

## START OF CARE

1) M0100 – Change skip patterns – responses 6, 7, 8, 10.

OASIS B1	OASIS B1 (8/2000)
<p><b><u>Start/Resumption of Care</u></b></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><b><u>Follow-Up</u></b></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to M0150 ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to M0150 ]</p> <p><b><u>Transfer to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [ Go to M0830 ]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [ Go to M0830 ]</p> <p><b><u>Discharge from Agency — Not to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 8 – Death at home [ Go to M0906 ]</p> <p><input type="checkbox"/> 9 – Discharge from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 10 – Discharge from agency—no visits completed after start/resumption of care assessment [ Go to M0906 ]</p>	<p><b><u>Start/Resumption of Care</u></b></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><b><u>Follow-Up</u></b></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to M0150 ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to M0150 ]</p> <p><b><u>Transfer to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [ Go to M0150 ]</p> <p><b><u>Discharge from Agency — Not to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 8 – Death at home [ Go to M0150 ]</p> <p><input type="checkbox"/> 9 – Discharge from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 10 – Discharge from agency—no visits completed after start/resumption of care assessment [ Go to M0150 ]</p>

2) Delete M0170 – Substitute new item M0175.

OASIS B1	OASIS B1 (8/2000)
<p><b>(M0170)</b> From which of the following <b>Inpatient Facilities</b> was the patient discharged <u>during the past 14 days?</u> (Mark all that apply.)</p> <p><input type="checkbox"/> 1 - Hospital</p> <p><input type="checkbox"/> 2 - Rehabilitation facility</p> <p><input type="checkbox"/> 3 - Nursing home</p> <p><input type="checkbox"/> 4 - Other (specify) _____</p> <p><input type="checkbox"/> NA - Patient was not discharged from an inpatient facility [ If NA, go to M0200 ]</p>	<p><b>(M0175)</b> From which of the following <b>Inpatient Facilities</b> was the patient discharged <u>during the past 14 days?</u> (Mark all that apply.)</p> <p><input type="checkbox"/> 1 - Hospital</p> <p><input type="checkbox"/> 2 - Rehabilitation facility</p> <p><input type="checkbox"/> 3 - Skilled nursing facility</p> <p><input type="checkbox"/> 4 - Other nursing home</p> <p><input type="checkbox"/> 5 - Other (specify) _____</p> <p><input type="checkbox"/> NA - Patient was not discharged from an inpatient facility [ If NA, go to M0200 ]</p>

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### START OF CARE (Cont'd)

3) M0810 – Change wording and skip pattern in "NA" responses.

OASIS B1	OASIS B1 (8/2000)
<p><b>(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):</b> <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. <b>(NOTE: This refers to ability, not compliance or willingness.)</b></p> <p><input type="checkbox"/> 0 - Patient manages all tasks related to equipment completely independently.</p> <p><input type="checkbox"/> 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.</p> <p><input type="checkbox"/> 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.</p> <p><input type="checkbox"/> 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.</p> <p><input type="checkbox"/> 4 - Patient is completely dependent on someone else to manage all equipment.</p> <p><input type="checkbox"/> NA - No equipment of this type used in care [ <b>If NA, skip M0820</b> ]</p>	<p><b>(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):</b> <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. <b>(NOTE: This refers to ability, not compliance or willingness.)</b></p> <p><input type="checkbox"/> 0 - Patient manages all tasks related to equipment completely independently.</p> <p><input type="checkbox"/> 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.</p> <p><input type="checkbox"/> 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.</p> <p><input type="checkbox"/> 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.</p> <p><input type="checkbox"/> 4 - Patient is completely dependent on someone else to manage all equipment.</p> <p><input type="checkbox"/> NA - No equipment of this type used in care [ <b>If NA, go to M0825</b> ]</p>

4) M0825 – Add new item.

OASIS B1	OASIS B1 (8/2000)
<p><b>Not present.</b></p>	<p><b>(M0825) Therapy Need:</b> Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?</p> <p><input type="checkbox"/> 0 - No</p> <p><input type="checkbox"/> 1 - Yes</p> <p><input type="checkbox"/> NA - Not applicable</p>

# Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

## FOLLOW-UP

1) M0100 – Change skip patterns – responses 6, 7, 8, 10.

OASIS B1	OASIS B1 (8/2000)
<p><b><u>Start/Resumption of Care</u></b></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><b><u>Follow-Up</u></b></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to M0150 ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to M0150 ]</p> <p><b><u>Transfer to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [ Go to M0830 ]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [ Go to M0830 ]</p> <p><b><u>Discharge from Agency — Not to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 8 – Death at home [ Go to M0906 ]</p> <p><input type="checkbox"/> 9 – Discharge from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 10 – Discharge from agency—no visits completed after start/resumption of care assessment [ Go to M0906 ]</p>	<p><b><u>Start/Resumption of Care</u></b></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><b><u>Follow-Up</u></b></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to M0150 ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to M0150 ]</p> <p><b><u>Transfer to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [ Go to M0150 ]</p> <p><b><u>Discharge from Agency — Not to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 8 – Death at home [ Go to M0150 ]</p> <p><input type="checkbox"/> 9 – Discharge from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 10 – Discharge from agency—no visits completed after start/resumption of care assessment [ Go to M0150 ]</p>

2) M0175 – Add new item.

OASIS B1	OASIS B1 (8/2000)
<p><b>Not present.</b></p>	<p><b>(M0175)</b> From which of the following <b>Inpatient Facilities</b> was the patient discharged <u>during the past 14 days</u>? <b>(Mark all that apply.)</b></p> <p><input type="checkbox"/> 1 - Hospital</p> <p><input type="checkbox"/> 2 - Rehabilitation facility</p> <p><input type="checkbox"/> 3 - Skilled nursing facility</p> <p><input type="checkbox"/> 4 - Other nursing home</p> <p><input type="checkbox"/> 5 - Other (specify) _____</p> <p><input type="checkbox"/> NA - Patient was not discharged from an inpatient facility [ If NA, go to M0200 ]</p>

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### FOLLOW-UP (Cont'd)

3) M0200 – Change skip pattern – response 0.	
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>(M0200) Medical or Treatment Regimen Change Within Past 14 Days:</b> Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?</p> <p><input type="checkbox"/> 0 - No [ If No, go to M0250 ]</p> <p><input type="checkbox"/> 1 - Yes</p>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0200) Medical or Treatment Regimen Change Within Past 14 Days:</b> Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?</p> <p><input type="checkbox"/> 0 - No [ If No, go to M0220 ]</p> <p><input type="checkbox"/> 1 - Yes</p>
4) M0220 – Add references to inpatient stay. Add "NA" and "Unknown" as response options.	
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>(M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days:</b> If this patient experienced a change in medical or treatment regimen within the past 14 days, indicate any conditions which existed <u>prior</u> to the change in medical or treatment regimen. <b>(Mark all that apply.)</b></p> <p><input type="checkbox"/> 1 - Urinary incontinence</p> <p><input type="checkbox"/> 2 - Indwelling/suprapubic catheter</p> <p><input type="checkbox"/> 3 - Intractable pain</p> <p><input type="checkbox"/> 4 - Impaired decision-making</p> <p><input type="checkbox"/> 5 - Disruptive or socially inappropriate behavior</p> <p><input type="checkbox"/> 6 - Memory loss to the extent that supervision required</p> <p><input type="checkbox"/> 7 - None of the above</p>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days:</b> If this patient experienced an inpatient facility discharge or a change in medical or treatment regimen within the past 14 days, indicate any conditions which existed <u>prior</u> to the inpatient stay or change in medical or treatment regimen. <b>(Mark all that apply.)</b></p> <p><input type="checkbox"/> 1 - Urinary incontinence</p> <p><input type="checkbox"/> 2 - Indwelling/suprapubic catheter</p> <p><input type="checkbox"/> 3 - Intractable pain</p> <p><input type="checkbox"/> 4 - Impaired decision-making</p> <p><input type="checkbox"/> 5 - Disruptive or socially inappropriate behavior</p> <p><input type="checkbox"/> 6 - Memory loss to the extent that supervision required</p> <p><input type="checkbox"/> 7 - None of the above</p> <p><input type="checkbox"/> NA - No inpatient facility discharge <u>and</u> no change in medical or treatment regimen in past 14 days</p> <p><input type="checkbox"/> UK - Unknown</p>

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### FOLLOW-UP (Cont'd)

5) M0230/M0240 – Add item.																									
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>Not present.</b></p>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0230/M0240) Diagnoses and Severity Index:</b> List each medical diagnosis or problem for which the patient is receiving home care and ICD code category (three digits required; five digits optional – no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)</p> <ul style="list-style-type: none"> <li>0 - Asymptomatic, no treatment needed at this time</li> <li>1 - Symptoms well controlled with current therapy</li> <li>2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring</li> <li>3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring</li> <li>4 - Symptoms poorly controlled, history of rehospitalizations</li> </ul> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>(M0230) Primary Diagnosis</u></th> <th style="text-align: left;"><u>ICD</u></th> <th style="text-align: left;"><u>Severity Rating</u></th> </tr> </thead> <tbody> <tr> <td>a. _____</td> <td>( ____ . ____ )</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</td> </tr> <tr> <th style="text-align: left;"><u>(M0240) Other Diagnoses</u></th> <th style="text-align: left;"><u>ICD</u></th> <th style="text-align: left;"><u>Severity Rating</u></th> </tr> <tr> <td>b. _____</td> <td>( ____ . ____ )</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</td> </tr> <tr> <td>c. _____</td> <td>( ____ . ____ )</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</td> </tr> <tr> <td>d. _____</td> <td>( ____ . ____ )</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</td> </tr> <tr> <td>e. _____</td> <td>( ____ . ____ )</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</td> </tr> <tr> <td>f. _____</td> <td>( ____ . ____ )</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</td> </tr> </tbody> </table>	<u>(M0230) Primary Diagnosis</u>	<u>ICD</u>	<u>Severity Rating</u>	a. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<u>(M0240) Other Diagnoses</u>	<u>ICD</u>	<u>Severity Rating</u>	b. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	c. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	d. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	e. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	f. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<u>(M0230) Primary Diagnosis</u>	<u>ICD</u>	<u>Severity Rating</u>																							
a. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																							
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c. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																							
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f. _____	( ____ . ____ )	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																							
6) M0350 – Change skip pattern for response 4.																									
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Relatives, friends, or neighbors living outside the home</li> <li><input type="checkbox"/> 2 - Person residing in the home (EXCLUDING paid help)</li> <li><input type="checkbox"/> 3 - Paid help</li> <li><input type="checkbox"/> 4 - None of the above [ If None of the above, go to <b>M0410</b> ]</li> </ul>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Relatives, friends, or neighbors living outside the home</li> <li><input type="checkbox"/> 2 - Person residing in the home (EXCLUDING paid help)</li> <li><input type="checkbox"/> 3 - Paid help</li> <li><input type="checkbox"/> 4 - None of the above [ If None of the above, go to <b>M0390</b> ]</li> </ul>																								

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### FOLLOW-UP (Cont'd)

7) M0360 – Change skip pattern for response 0.	
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>(M0360) Primary Caregiver</b> taking <u>lead</u> responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 - No one person [ If No one person, go to <b>M0410</b> ]</li> <li><input type="checkbox"/> 1 - Spouse or significant other</li> <li><input type="checkbox"/> 2 - Daughter or son</li> <li><input type="checkbox"/> 3 - Other family member</li> <li><input type="checkbox"/> 4 - Friend or neighbor or community or church member</li> <li><input type="checkbox"/> 5 - Paid help</li> </ul>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0360) Primary Caregiver</b> taking <u>lead</u> responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 - No one person [ If No one person, go to <b>M0390</b> ]</li> <li><input type="checkbox"/> 1 - Spouse or significant other</li> <li><input type="checkbox"/> 2 - Daughter or son</li> <li><input type="checkbox"/> 3 - Other family member</li> <li><input type="checkbox"/> 4 - Friend or neighbor or community or church member</li> <li><input type="checkbox"/> 5 - Paid help</li> </ul>
8) M0390 – Add item.	
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>Not present.</b></p>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0390) Vision</b> with corrective lenses if the patient usually wears them:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.</li> <li><input type="checkbox"/> 1 - Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length.</li> <li><input type="checkbox"/> 2 - Severely impaired: cannot locate objects without hearing or touching them <u>or</u> patient nonresponsive.</li> </ul>

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### FOLLOW-UP (Cont'd)

9) M0550 – Add references to inpatient stay.	<table border="1"> <thead> <tr> <th data-bbox="115 373 812 430">OASIS B1</th><th data-bbox="812 373 1507 430">OASIS B1 (8/2000)</th></tr> </thead> <tbody> <tr> <td data-bbox="115 430 812 905"> <p><b>(M0550) Ostomy for Bowel Elimination:</b> Does this patient have an ostomy for bowel elimination that (within the last 14 days) necessitated a change in medical or treatment regimen?</p> <p><input type="checkbox"/> 0 - Patient does <u>not</u> have an ostomy for bowel elimination.</p> <p><input type="checkbox"/> 1 - Patient's ostomy did <u>not</u> necessitate change in medical or treatment regimen.</p> <p><input type="checkbox"/> 2 - The ostomy <u>did</u> necessitate change in medical or treatment regimen.</p> </td><td data-bbox="812 430 1507 905"> <p><b>(M0550) Ostomy for Bowel Elimination:</b> Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, <u>or</u> b) necessitated a change in medical or treatment regimen?</p> <p><input type="checkbox"/> 0 - Patient does <u>not</u> have an ostomy for bowel elimination.</p> <p><input type="checkbox"/> 1 - Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen.</p> <p><input type="checkbox"/> 2 - The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.</p> </td></tr> </tbody> </table>	OASIS B1	OASIS B1 (8/2000)	<p><b>(M0550) Ostomy for Bowel Elimination:</b> Does this patient have an ostomy for bowel elimination that (within the last 14 days) necessitated a change in medical or treatment regimen?</p> <p><input type="checkbox"/> 0 - Patient does <u>not</u> have an ostomy for bowel elimination.</p> <p><input type="checkbox"/> 1 - Patient's ostomy did <u>not</u> necessitate change in medical or treatment regimen.</p> <p><input type="checkbox"/> 2 - The ostomy <u>did</u> necessitate change in medical or treatment regimen.</p>	<p><b>(M0550) Ostomy for Bowel Elimination:</b> Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay, <u>or</u> b) necessitated a change in medical or treatment regimen?</p> <p><input type="checkbox"/> 0 - Patient does <u>not</u> have an ostomy for bowel elimination.</p> <p><input type="checkbox"/> 1 - Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen.</p> <p><input type="checkbox"/> 2 - The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.</p>
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10) M0810 – Change skip pattern for response NA.	<table border="1"> <thead> <tr> <th data-bbox="115 961 812 1018">OASIS B1</th><th data-bbox="812 961 1507 1018">OASIS B1 (8/2000)</th></tr> </thead> <tbody> <tr> <td data-bbox="115 1018 812 1864"> <p><b>(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):</b> Patient's <u>ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. <b>(NOTE: This refers to ability, not compliance or willingness.)</b></p> <p><input type="checkbox"/> 0 - Patient manages all tasks related to equipment completely independently.</p> <p><input type="checkbox"/> 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.</p> <p><input type="checkbox"/> 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.</p> <p><input type="checkbox"/> 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.</p> <p><input type="checkbox"/> 4 - Patient is completely dependent on someone else to manage all equipment.</p> <p><input type="checkbox"/> NA - No equipment of this type used in care [ If NA, go to M0830 ]</p> </td><td data-bbox="812 1018 1507 1864"> <p><b>(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):</b> Patient's <u>ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. <b>(NOTE: This refers to ability, not compliance or willingness.)</b></p> <p><input type="checkbox"/> 0 - 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## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

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### FOLLOW-UP (Cont'd)

11) M0825 – Add new item.	
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>Not present.</b></p>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0825) Therapy Need:</b> Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?</p> <p> <input type="checkbox"/> 0 - No  <input type="checkbox"/> 1 - Yes  <input type="checkbox"/> NA - Not applicable         </p>

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### DISCHARGE

1) M0100 – Change skip patterns – responses 6, 7, 8, 10.

OASIS B1	OASIS B1 (8/2000)
<p><b><u>Start/Resumption of Care</u></b></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><b><u>Follow-Up</u></b></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to M0150 ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to M0150 ]</p> <p><b><u>Transfer to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [ Go to M0830 ]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [ Go to M0830 ]</p> <p><b><u>Discharge from Agency — Not to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 8 – Death at home [ Go to M0906 ]</p> <p><input type="checkbox"/> 9 – Discharge from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 10 – Discharge from agency—no visits completed after start/resumption of care assessment [ Go to M0906 ]</p>	<p><b><u>Start/Resumption of Care</u></b></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><b><u>Follow-Up</u></b></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to M0150 ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to M0150 ]</p> <p><b><u>Transfer to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [ Go to M0150 ]</p> <p><b><u>Discharge from Agency — Not to an Inpatient Facility</u></b></p> <p><input type="checkbox"/> 8 – Death at home [ Go to M0150 ]</p> <p><input type="checkbox"/> 9 – Discharge from agency [ Go to M0150 ]</p> <p><input type="checkbox"/> 10 – Discharge from agency—no visits completed after start/resumption of care assessment [ Go to M0150 ]</p>

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### DISCHARGE (Cont'd)

2) M0150 - Add new instructions.

OASIS B1	OASIS B1 (8/2000)
<p><b>(M0150) Current Payment Sources for Home Care: (Mark all that apply.)</b></p> <p><input type="checkbox"/> 0 - None; no charge for current services</p> <p><input type="checkbox"/> 1 - Medicare (traditional fee-for-service)</p> <p><input type="checkbox"/> 2 - Medicare (HMO/managed care)</p> <p><input type="checkbox"/> 3 - Medicaid (traditional fee-for-service)</p> <p><input type="checkbox"/> 4 - Medicaid (HMO/managed care)</p> <p><input type="checkbox"/> 5 - Workers' compensation</p> <p><input type="checkbox"/> 6 - Title programs (e.g., Title III, V, or XX)</p> <p><input type="checkbox"/> 7 - Other government (e.g., CHAMPUS, VA, etc.)</p> <p><input type="checkbox"/> 8 - Private insurance</p> <p><input type="checkbox"/> 9 - Private HMO/managed care</p> <p><input type="checkbox"/> 10 - Self-pay</p> <p><input type="checkbox"/> 11 - Other (specify) _____</p>	<p><b>(M0150) Current Payment Sources for Home Care: (Mark all that apply.)</b></p> <p><input type="checkbox"/> 0 - None; no charge for current services</p> <p><input type="checkbox"/> 1 - Medicare (traditional fee-for-service)</p> <p><input type="checkbox"/> 2 - Medicare (HMO/managed care)</p> <p><input type="checkbox"/> 3 - Medicaid (traditional fee-for-service)</p> <p><input type="checkbox"/> 4 - Medicaid (HMO/managed care)</p> <p><input type="checkbox"/> 5 - Workers' compensation</p> <p><input type="checkbox"/> 6 - Title programs (e.g., Title III, V, or XX)</p> <p><input type="checkbox"/> 7 - Other government (e.g., CHAMPUS, VA, etc.)</p> <p><input type="checkbox"/> 8 - Private insurance</p> <p><input type="checkbox"/> 9 - Private HMO/managed care</p> <p><input type="checkbox"/> 10 - Self-pay</p> <p><input type="checkbox"/> 11 - Other (specify) _____</p>
	<p><b>If reason for assessment (RFA) for M0100 is 6 or 7, go to M0830.</b></p> <p><b>If RFA for M0100 is 8 or 10, go to M0906.</b></p> <p><b>If RFA for M0100 is 9, go to M0200.</b></p>

## Comparison of OASIS-B1 (10/98) and OASIS-B1 (8/2000)

### TRANSFER

1) M0100 – Change skip patterns – responses 6, 7, 8, 10.	
<p style="text-align: center;"><b>OASIS B1</b></p> <p><u><b>Start/Resumption of Care</b></u></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><u><b>Follow-Up</b></u></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to <b>M0150</b> ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to <b>M0150</b> ]</p>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><u><b>Start/Resumption of Care</b></u></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><u><b>Follow-Up</b></u></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [ Go to <b>M0150</b> ]</p> <p><input type="checkbox"/> 5 – Other follow-up [ Go to <b>M0150</b> ]</p>
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2) M0150 – Add item.	
<p style="text-align: center;"><b>OASIS B1</b></p> <p><b>Not present.</b></p>	<p style="text-align: center;"><b>OASIS B1 (8/2000)</b></p> <p><b>(M0150) Current Payment Sources for Home Care: (Mark all that apply.)</b></p> <p><input type="checkbox"/> 0 – None; no charge for current services</p> <p><input type="checkbox"/> 1 – Medicare (traditional fee-for-service)</p> <p><input type="checkbox"/> 2 – Medicare (HMO/managed care)</p> <p><input type="checkbox"/> 3 – Medicaid (traditional fee-for-service)</p> <p><input type="checkbox"/> 4 – Medicaid (HMO/managed care)</p> <p><input type="checkbox"/> 5 – Workers' compensation</p> <p><input type="checkbox"/> 6 – Title programs (e.g., Title III, V, or XX)</p> <p><input type="checkbox"/> 7 – Other government (e.g., CHAMPUS, VA, etc.)</p> <p><input type="checkbox"/> 8 – Private insurance</p> <p><input type="checkbox"/> 9 – Private HMO/managed care</p> <p><input type="checkbox"/> 10 – Self-pay</p> <p><input type="checkbox"/> 11 – Other (specify) _____</p>